



## VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Completion of this form is **voluntary**. You may skip this page to begin application process on the next page.

Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition, disability or any other protected class.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is **NOT** a part of your official application for employment.  
It is considered confidential information that will not be used in any hiring decision.  
Upon receipt it is filed separately from the employment application.

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Referral Source**    ☐ Newspaper Advertisement    ☐ Magazine Advertisement    ☐ Government Employment Agency  
☐ Walk-in    ☐ Web Site    ☐ Job Fair    ☐ Employee    ☐ Relative    ☐ Private Employment Agency  
☐ Other    ☐ Name of Source: \_\_\_\_\_

**Sex:**    ☐ Male    ☐ Female

**Age:** (check only if) ☐ Under 18    ☐ or Over 40

**Race/Ethnic Group:** (check only one)

☐ **Black:** All persons having origins in any of the Black racial groups of Africa.

☐ **Hispanic/Latino:** All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture regardless of race.

☐ **Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, The Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, The Philippine Islands, and Samoa.

☐ **Native American:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through ) tribal affiliation or community recognition. (Meets Bureau of Indian Affairs definition standards

☐ **Two or more races:** Not Hispanic or Latino

☐ **White:** (or not covered above)

**Check One, if Applicable:**

☐ **Veteran**

☐ **Vietnam Era Veteran**

☐ **Disabled Veteran**

☐ **Individual with a disability**

Please continue to the next page to begin application.



180 N 9<sup>th</sup> Street  
Show Low, Arizona 85901  
928-532-4027  
FAX: 928-532-4019

# Application for Employment

**PRE-EMPLOYMENT DRUG TESTING REQUIRED**  
**Applications accepted for open positions only**

Position Applied for \_\_\_\_\_ Date of Application: \_\_\_\_\_

A separate application is required for each position you are applying for.

Type of employment desired ☐ Full Time ☐ Part Time ☐ Temporary ☐ Pool/PRN ☐ Seasonal

Preferred Shift ☐ Days ☐ Afternoon/Evening ☐ Nights ☐ Any

**Referral Source:** ☐ Newspaper Advertisement ☐ Magazine Advertisement ☐ Government Employment Agency  
☐ Walk-in ☐ Web Site ☐ Job Fair ☐ Employee ☐ Relative ☐ Private Employment Agency  
☐ Other Name of Source \_\_\_\_\_

**Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ E-Mail \_\_\_\_\_

If necessary, best time to call you at home is? \_\_\_\_\_ May we contact you at work? ☐ YES ☐ NO

If yes, work number: \_\_\_\_\_ Best time to call? \_\_\_\_\_

Have you filed an application here before? \_\_\_\_\_

If yes, when and for what position? \_\_\_\_\_

Have you ever been employed here before? If yes, when \_\_\_\_\_

Are you legally eligible for employment in this country? ☐ YES ☐ NO  
(Proof of eligibility to work in the United States will be required upon employment)

Are you related to any City of Show Low Employee? ☐ YES ☐ NO

If yes, who and what is your relationship? \_\_\_\_\_

If hired when are you available to start work? \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you on lay-off and subject to recall? ☐ YES ☐ NO

Will you travel if job requires it? ☐ YES ☐ NO Will you relocate if job requires it? ☐ YES ☐ NO

Are you able to meet the attendance requirements of the position? ☐ YES ☐ NO

Will you work overtime if required? ☐ YES ☐ NO

Have you ever been bonded? ☐ YES ☐ NO

Have you ever pled guilty or no contest to or been convicted of any criminal offense? ☐ YES ☐ NO  
(Such conviction may be relevant if job related, but is not an absolute bar to employment.)

If YES, please explain:

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AN EQUAL OPPORTUNITY EMPLOYER

# Employment History

Employment history must be listed here. You may also include a resume, but it will not replace this list.

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Years of experience may be used to determine wage. Use additional paper if needed and include employer, name of contact person, phone number, type of work done and responsibilities. Explain any gaps in employment in comments section below.

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates Employed \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay Started at \$ \_\_\_\_\_ per \_\_\_\_\_ Ended at \$ \_\_\_\_\_ per \_\_\_\_\_

Job Title/Position \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_

Work performed and job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact for reference? ☐ Yes ☐ No ☐ Later

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates Employed \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay Started at \$ \_\_\_\_\_ per \_\_\_\_\_ Ended at \$ \_\_\_\_\_ per \_\_\_\_\_

Job Title/Position \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_

Work performed and job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact for reference? ☐ Yes ☐ No ☐ Later

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates Employed \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay Started at \$ \_\_\_\_\_ per \_\_\_\_\_ Ended at \$ \_\_\_\_\_ per \_\_\_\_\_

Job Title/Position \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_

Work performed and job responsibilities: \_\_\_\_\_

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Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates Employed \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay Started at \$ \_\_\_\_\_ per \_\_\_\_\_ Ended at \$ \_\_\_\_\_ per \_\_\_\_\_

Job Title/Position \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_

Work performed and job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact for reference? ☐ Yes ☐ No ☐ Later

**Comments** (including explanation of any gaps in employment) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational Background:** List schools attended including address information and any degrees earned.

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**Skills and Qualifications:** List special skills and qualifications that may qualify you to work for our company.

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**List any licenses and/or certifications including number and expiration date you would like considered with this application.**

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**List any foreign language(s) and your skill level.**

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List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, Religion, national origin, age, color, disability or other protected status.)

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## References:

List name and telephone number of **three business/work** references that are ***not*** related to you and are ***not*** previous supervisors. If not applicable, list three school or personal references that are ***not*** related to you.

Name	Telephone	Years Known

List any additional information you would like us to consider.

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**Please read carefully before submitting your application**

All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information, I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed written document.

City of Show Low is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I understand that any job offer, or my continued employment if hired (within the guidelines of the American Disability Act), is contingent upon all the essential job functions with or without accommodations.

This application is good for the posted position until it is filled. If the position is posted as open again it will be necessary to fill out a new application. A separate application is required for each position you are applying for. Applications are accepted for open positions only.

**City of Show Low has a No Smoking Policy in City Buildings and City Vehicles.**

**I understand that upon receiving a job offer, a physical examination, drug screening and criminal background check will be required.**



**Check this box to certify that you have read and accept the above statement.**

You must acknowledge acceptance of the above statement to submit application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_